




TREATMENT PROTOCOL: RESPIRATORY DISTRESS *

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Venous access prn
5. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
6. Advanced airway prn
7. Consider CPAP for patients greater than 14 years of age with moderate-to-severe respiratory distress and SBP equal to or greater than 90mmHg ①②
8. If absent or diminished breath sounds due to severe bronchospasm, refer to Wheezing column
9. If suspected allergic reaction/anaphylaxis, treat by Ref. No. 1242, Allergic Reaction/ Anaphylaxis

STRIDOR	WHEEZING	BASILAR RALES CARDIAC ETIOLOGY	POOR PERFUSION
10. CONTINUE SFTP or BASE CONTACT	10. Albuterol 5mg via hand-held nebulizer, may repeat one time  Pediatric: See Color Code Drug Doses/ L.A. County Kids ④ Less than 1yr of age: 2.5mg 1yr of age or older: 5mg Wheezing may be an initial sign of pulmonary edema; therefore, reassess breath sounds frequently	10. Nitroglycerin SL 0.4mg for SBP equal to or greater than 100mmHg 0.8mg for SBP equal to or greater than 150mmHg 1.2mg for SBP greater than 200 May repeat in 3-5min two times, administer subsequent doses based on SBP listed above Hold if SBP less than 100mmHg or patient has taken sexually enhancing drugs within 48hrs May administer prior to venous access If hypotension develops, place patient supine and prepare to assist ventilations	10. ESTABLISH BASE CONTACT (ALL)
11. If severe respiratory distress and croup suspected: Epinephrine (1mg/mL) via hand held-nebulizer (HHN)  Pediatric: See Color Code Drug Doses/ L.A. County Kids ④ Less than 1yr of age: 2.5mg diluted with 5ml normal saline via hand-held nebulizer one time. Hold for heart rate greater than 200bpm 1yr of age or older: 5mg diluted with 5ml normal saline via hand-held nebulizer one time Hold for heart rate greater than 200bpm	11. CONTINUE SFTP or BASE CONTACT	11. If wheezing: Albuterol 5mg via hand-held nebulizer, may repeat one time	11. Consider: Normal Saline fluid challenge 10ml/kg IV at 250ml increments 12. Dopamine (Adult Administration Only) ⑤ 400mg/500ml NS IVPB Start at 30mcgts/min titrate to SBP 90-100mmHg and signs of adequate perfusion or to a maximum of 120mcgts/min 13. Consultation with base physician strongly recommended
	12. If deteriorating respiratory status: Epinephrine 0.5mg (1mg/mL) IM  Pediatrics: See Color Code Drug Doses/L.A. County Kids ④ 0.01mg/kg (1mg/mL) IM, maximum single dose 0.5mg Monitor vital signs frequently after		

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	administration Due to cardiovascular effects, caution in patient older than 40yrs of age or pregnant	Reassess breath sounds frequently May be given simultaneously with nitroglycerin based on clinical assessment of the individual 12. CONTINUE SFTP or BASE CONTACT	
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SPECIAL CONSIDERATIONS

- ❶ Acute respiratory distress, consider:
 - Foreign body obstruction
 - Epiglottitis/croup
 - Spontaneous pneumothorax
 - Inhalation injury
 - Pulmonary embolism
- ❷ CPAP may be initiated for moderate-to-severe respiratory distress at any time during treatment unless contraindicated
 - Providers utilizing CPAP should follow departmental and manufacturer's recommendations
 - Monitor vital signs frequently; be prepared to assist ventilations if the patient worsens on CPAP or is unable to tolerate therapy
- ❸ If the HHN bowl maximum volume is 6ml, the 5mg dose for 1yr and older can be divided in ½ and two treatments administered.
- ❹ If the child is off the Broselow™ and adult size, move to the Adult protocol and Adult dosing.
- ❺ If available